WAUSAU MANOR

3107 WESTHILL DRIVE

WAUSAU 5	34401	Phone: (715) 842-0575		Ownership:	Corporation
Operated from 1/1	To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunct	ion with H	ospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set	Up and Sta	ffed (12/31/03):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed	Capacity (12/31/03):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents	on 12/31/	03:	57	Average Daily Census:	55

Services Provided to Non-Residents	Age, Gender, and Primary Di	-			Length of Stay (12/31/03)	용	
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	21.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.3	More Than 4 Years	17.5
Day Services	No	Mental Illness (Org./Psy)	19.3	65 - 74	10.5		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	29.8		71.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	8.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.8			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	10.5		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	8.8	65 & Over	94.7		
Transportation	No	Cerebrovascular	8.8			RNs	16.7
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	9.1
Other Services	No	Respiratory	3.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	45.6	Male	26.3	Aides, & Orderlies	51.1
Mentally Ill	No			Female	73.7		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0	I	

Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	5.0	145	0	0.0	0	2	8.3	186	0	0.0	0	0	0.0	0	3	5.3
Skilled Care	13	100.0	300	19	95.0	125	0	0.0	0	22	91.7	186	0	0.0	0	0	0.0	0	54	94.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	13	100.0		20	100.0		0	0.0		24	100.0		0	0.0		0	0.0		57	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		 Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	6.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.8		71.9	26.3	57
Other Nursing Homes	3.3	Dressing	8.8		82.5	8.8	57
Acute Care Hospitals	87.6	Transferring	7.0		86.0	7.0	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	8.8		84.2	7.0	57
Rehabilitation Hospitals	0.0	Eating	31.6		63.2	5.3	57
Other Locations	2.5	*******	******	*****	* * * * * * * * * * * * * * * * * *	******	*****
otal Number of Admissions	121	Continence		용	Special Treatmen	ts	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	3.5	Receiving Resp	iratory Care	10.5
Private Home/No Home Health	23.7	Occ/Freg. Incontiner	nt of Bladder	50.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	32.2	Occ/Freq. Incontiner	nt of Bowel	40.4	Receiving Suct	ioning	0.0
Other Nursing Homes	2.5				Receiving Osto	my Care	3.5
Acute Care Hospitals	7.6	Mobility			Receiving Tube	Feeding	3.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.8	Receiving Mech	anically Altered Diets	15.8
Rehabilitation Hospitals	0.0	1			_	-	
Other Locations	17.8	Skin Care			Other Resident C	haracteristics	
Deaths	16.1	With Pressure Sores		3.5	Have Advance D	irectives	78.9
otal Number of Discharges		With Rashes		15.8	Medications		
(Including Deaths)	118				Receiving Psvc	hoactive Drugs	54.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer Group		Peer	Group	Peer	Group	Faci	lities
	용	૪	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.7	86.2	1.06	87.1	1.05	88.1	1.04	87.4	1.05
Current Residents from In-County	89.5	78.5	1.14	81.0	1.10	82.1	1.09	76.7	1.17
Admissions from In-County, Still Residing	23.1	17.5	1.32	19.8	1.17	20.1	1.15	19.6	1.18
Admissions/Average Daily Census	220.0	195.4	1.13	158.0	1.39	155.7	1.41	141.3	1.56
Discharges/Average Daily Census	214.5	193.0	1.11	157.4	1.36	155.1	1.38	142.5	1.51
Discharges To Private Residence/Average Daily Census	120.0	87.0	1.38	74.2	1.62	68.7	1.75	61.6	1.95
Residents Receiving Skilled Care	100	94.4	1.06	94.6	1.06	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	94.7	92.3	1.03	94.7	1.00	92.0	1.03	87.8	1.08
Title 19 (Medicaid) Funded Residents	35.1	60.6	0.58	57.2	0.61	61.7	0.57	65.9	0.53
Private Pay Funded Residents	42.1	20.9	2.01	28.5	1.48	23.7	1.78	21.0	2.01
Developmentally Disabled Residents	0.0	0.8	0.00	1.3	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	19.3	28.7	0.67	33.8	0.57	35.8	0.54	33.6	0.57
General Medical Service Residents	45.6	24.5	1.86	21.6	2.12	23.1	1.97	20.6	2.22
Impaired ADL (Mean)	50.2	49.1	1.02	48.5	1.03	49.5	1.01	49.4	1.02
Psychological Problems	54.4	54.2	1.00	57.1	0.95	58.2	0.93	57.4	0.95
Nursing Care Required (Mean)	6.6	6.8	0.97	6.7	0.98	6.9	0.95	7.3	0.90